

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**0010000000049**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 APR 10 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **0010000000049**

1. Limited Liability Company's Name

**B & S Properties I, LLC**

**500015649005**  
**04/10/03 01056027**  
**\$200.00**

**MJH**

2. Principal Office Address

**P.O. Box 1616**

Suite, Apt. #, etc.

City & State

**Louisville, KY**

Zip

**40201**

Country

**USA**

3. Mailing Office Address

**P.O. Box 1616**

Suite, Apt. #, etc.

City & State

**Louisville, KY**

Zip

**40201**

Country

**USA**

4. State/Country of Formation

**Kentucky**

5. Date Organized or Qualified  
To Do Business in Florida

**1/3/01**

6. FEI Number

**601-1380517**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

**C T Corporation System**

Street Address (P.O. Box Number is Not Acceptable)

**1200 South Pine Island Road**

Suite, Apt. #, Etc.

City

**Plantation**

State

**FL**

Zip Code

**33324**

9. I, being appointed the registered agent of the above named limited liability company, do hereby accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Susan J. Metzger*

**Susan J. Metzger**  
**Assistant Secretary**

Date

**March 27, 2003**

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	J. Bayard Rice	500 W. Jefferson St. 1700 PNC PLAZA ATTN JONDA BAUDIN	Louisville Ky 40202

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

*J. Bayard Rice*

Date

**3/20/03**

Daytime Phone #

**502 636-7341**

Typed or printed name of signing Managing Member/Manager

**J. Bayard Rice**

CR2EM41 (10/02)